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Draft country programme document**

The former Yugoslav Republic of Macedonia

Summary

The Executive Director presents the draft country programme document for the former Yugoslav Republic of Macedonia for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $3,060,000 from regular resources, subject to the availability of funds, and $10,000,000 in other resources, subject to the availability of specific purpose contributions, for the period 2005 to 2009.

* E/ICEF/2004/8.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

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Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	0.5
U5MR (per 1,000 live births)	26
Underweight (%, moderate and severe, 1999)	6*
Maternal mortality ratio (per 100,000 live births, 2001)	15
Primary school enrolment (% net, male/female, 2000)	92/92
Primary schoolchildren reaching grade 5 (%, 1995)	95
Use of improved drinking water sources (%)	..
Adult HIV prevalence rate (%)	<0.1
Child work (%, 5-14 years old)	..
GNI per capita (US$)	1 700
One-year-olds immunized against DPT3 (%)	96
One-year-olds immunized against measles (%)	98

* Age group 6-19 months.

The situation of children and women

1. Since gaining independence in 1991, The former Yugoslav Republic of Macedonia has successfully avoided the extreme emergencies and inter-ethnic violence that raged through the successor States of the former Yugoslavia. A political settlement of the inter-ethnic conflict in 2001 was established through the General Framework Agreement for Peace, known as the Ohrid Agreement. However, the conflict exposed pronounced ethnic tensions in the country, especially between the large ethnic Albanian minority and ethnic Macedonian majority. Stability has been re-established but is somewhat fragile because of the country's multi-ethnic makeup and diverse social and cultural values and traditions. Ethnic Macedonians represent 67 per cent of the population, followed by ethnic Albanians (23 per cent), Turks (4 per cent), Roma (2 per cent), Serbs (2 per cent) and other groups (2 per cent).

2. Since independence, the country has been struggling to cope with the economic, social and political consequences of transition. Against a backdrop of economic decline, political instability, ethnic tension and insecurity, successive Governments have implemented structural reforms to transform the centrally planned system into a market economy. The post-independence economic crisis, coupled with transition, have adversely affected the situation of people living in poverty, particularly the socially excluded and vulnerable. The conflict of 2001 has had lasting effects and the economy has been growing slowly at an average of 0.7 per cent since 2002. Almost 22 per cent of the population live below the official poverty line of $1.7 per day, two thirds of them in rural areas. The unemployment rate reached 32 per cent in 2002. The Roma community has the highest levels of poverty, with unemployment rates often exceeding 90 per cent.

3. The decentralization of the central Government presents a challenge for increasing the capacity and accountability of service providers. Public service institutions have been overburdened in coping with the transition. Especially where

poverty is most severe, there is a lack of community participation in demanding and shaping social services. However, decentralization also offers an opportunity to orient social services to the vulnerable.

4. Despite reduced public service investment throughout the transition decade, most indicators of child well-being show positive trends. According to recent government estimates, the under-five and infant mortality rates dropped from 35 and 32 per 1,000 live births in 1990 to 12 and 10 respectively in 2002. A declining neonatal mortality rate, estimated as 8 per 1,000 live births, represents 66 per cent of all infant deaths. The perinatal and maternal mortality rates have however remained relatively constant over the last 10 years. There is limited information available on vitamin A and iron deficiencies. Progress in child survival has been attributed to high levels of immunization coverage, improved treatment of acute respiratory infections and diarrhoeal diseases, and increased exclusive breastfeeding.

5. Pre-school facilities remain concentrated in urban areas and the enrolment rate has been static at 12 per cent since 1990, partly due to low investment in infrastructure. The primary-school enrolment rate is 92 per cent and the number of children entering secondary education is increasing. Drop-out rates for the primary cycle are low (approximately 2 per cent), but increase (up to 10 per cent) among Roma and rural groups in some regions. The quality and relevance of education has deteriorated due to inadequate standards of teaching and learning. However, the country's persistent effort to join the European Union (EU) presents an opportunity to raise the standards of social services in general, and of basic education in particular, to EU standards.

6. Behind this overall positive national picture are pronounced disparities in health and nutritional status, and in primary- and secondary-school enrolment and completion, particularly among minorities, the Roma, children with disabilities and rural residents who live in poverty. The Common Country Assessment (CCA) concluded that basic services do not work well and fail to adequately meet the needs of users, especially the young, the poor and other vulnerable groups, and that there is a lack of well designed government public policies to effectively target poor and vulnerable segments of the population. Social policies are an essential ingredient of a successful transition process.

7. There has been a breakdown of traditional norms and values during the prolonged social and economic transition. Various studies reflect a higher incidence of violence in and out of school, increasing numbers of children in conflict with the law and rising rates of alcohol and substance abuse. Faced with the erosion of former institutional preventive structures, the country has been slow in adapting its legal system and formulating practical responses to these emerging issues.

8. Although official figures indicate that the number of HIV/AIDS infections remains below 100, inadequate surveillance systems likely mask real figures. The country is vulnerable to a rapid increase in HIV infection due to several factors including the combined impact of economic and social transition, regional conflict and geographic location along routes used for drug and human trafficking, and rising infection rates in the region. Several studies conducted by UNICEF, including a rapid assessment and response on HIV/AIDS among especially vulnerable young people, have highlighted young people, especially the most vulnerable among them, at risk of HIV infection. This vulnerability is due to high levels of unprotected sex, rising rates of substance and drug use, increasing commercial sex work and

trafficking of women and girls. Established services are not tailored to respond to the needs of young people.

9. The former Yugoslav Republic of Macedonia is a transit route for human trafficking from Eastern to Western and Southern Europe. With the deterioration of state services and the absence of community-based mechanisms, domestic violence and child abuse are underreported and often ignored. Although child rights are incorporated into national legislation, enforcement and application of laws remain weak.

10. Juvenile delinquency is regulated through the Criminal Code, which only sanctions and punishes perpetrators and does not offer any alternative measures or measures on prevention, recovery and reintegration. The Committee on the Rights of the Child recommended that the country consider relevant reforms of juvenile justice policy and practice in accordance with the Convention on the Rights of the Child and other international standards.

11. Available data in 2002 show that there are still several hundred children and adolescents in public institutions. These children are deprived of parental care, as are children with disabilities sheltered in public institutions. The need for inclusion of these children in schools and society remains a serious concern. The Committee on the Rights of the Child recommended that the country further develop legislation supporting foster care and strengthen community services.

12. There is a significant gap in baseline data on child protection issues. No comprehensive situation analysis has been undertaken to measure the extent of the problem. Violence, exploitation, abuse, neglect and discrimination are often associated with criminality and corruption and have a degree of private tolerance and public denial.

Key results and lessons learned from previous cooperation, 2002-2004

Key results achieved

13. The previous country programme aimed at ensuring that children and youth, especially girls, minorities and children with disabilities, have access to information and quality social services and that alliances are broadened to promote children's rights. As part of rehabilitation efforts following the conflict of 2001, 150 schools were reconstructed and provided with classroom furniture and textbooks. In the region affected by the conflict, vaccines to immunize children and basic health equipment, kits and drugs were provided by UNICEF to 300,000 people.

14. The rate of exclusive breastfeeding at age six months increased from 8 per cent in 1994 to 66 per cent in 2001. This was the result of 90 per cent of babies being born in a certified "baby-friendly" maternity unit and the incorporation of the International Code of Marketing of Breastmilk Substitutes into national legislation. Reassessment visits were conducted in maternal hospitals in 2002 to monitor the sustainability of progress. The elimination of iodine deficiency disorders was certified in 2003 owing to effective multisectoral collaboration, the monitoring and control of salt importation and enforcement of legislation. It also underscored the commitment of the Government to this effort.

15. Near universal immunization coverage was sustained, with the Government planning to assume responsibility for all vaccine procurement in 2005.

16. The *Lifestart* initiative was introduced as a cost-effective, community-based way to improve parenting of young children. At group meetings, parents and families learned knowledge and skills on how to stimulate their young children in their early years. *Lifestart* was implemented in all 33 of the country's municipalities and was supported by local non-governmental organizations (NGOs) and communities. The initiative has provided a valuable alternative to limited pre-school education.

17. The *Right to Know* youth communication initiative for HIV prevention, launched in 2002, applied participatory action research and communication to reach young people for behavioural change. Vulnerable groups were specifically included. Innovative means of communication such as youth theatre and photography were used to discuss and research attitudes on sensitive issues of HIV and sexuality. Approximately 850 young people participated directly in the different activities, the large majority of whom had never been exposed to prevention messages or been part of HIV prevention activities in the past.

18. Progress in de-institutionalization has been the result of policy and legal reform, coupled with the creation of community-based day-care centres. It has also benefited from training and support for families that facilitated the transfer of children from state institutions to foster families. The intake of disabled children into institutions has almost ceased and a growing number of children are now cared for by foster families.

19. A national strategy on HIV/AIDS was prepared by the National Multi-sectoral HIV/AIDS Commission, with support from the United Nations theme group on HIV/AIDS. The strategy is based on the findings of a situation and response analysis completed in early 2003. The strategic framework will guide the design and implementation of interventions within the governmental and non-governmental sectors, and serve as the basis for monitoring and evaluating the effectiveness of the national response.

Lessons learned

20. A 2003 evaluation of the *Lifestart* initiative confirmed the children who had taken part in the programme performed better in the first grade of primary school than children who had not attended an early childhood programme, that mothers acquired updated parenting skills, and that fathers participated more in child-rearing. At group gatherings, parents also discussed other issues of common concern, and in this way the initiative provided a means for community development.

21. An evaluation of the interactive learning project found a positive impact on children's classroom learning achievements. The strategy of piloting activities, backed with intensive advocacy in order to take the activities to scale through the national teacher training institute, proved successful. This has been recognized as a key contributing factor to the general improvement of on-campus teaching and learning throughout the country.

22. An evaluation of the *Right to Know* initiative concluded that young participants were highly motivated by the interactive approach of the project and the opportunity to discuss their opinions without fear of reprimand or embarrassment.

The project was effective in disseminating messages on HIV prevention through peer education but also from child to parent, and through an increase in general public interest and attention.

23. Although gains in child survival have been sustained, the pattern of mortality has become more complex. With neonatal mortality comprising two thirds of total infant mortality and perinatal mortality remaining constant, new and diverse strategies need to be explored to further improve child survival in line with the Millennium Development Goals.

The country programme, 2005-2009

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Social policy, monitoring and evaluation	800	2 000	2 800
HIV/AIDS prevention and young people's health	650	2 500	3 150
Child protection	650	3 000	3 650
Early childhood development and education	650	2 500	3 150
Cross-sectoral costs	310	-	310
Total	**3 060**	**10 000**	**13 060**

Preparation process

24. The planning process for the new programme commenced with the preparation of the CCA which, inter alia, provided an analysis of the immediate, underlying and basic problems facing women and children. Consultations were organized with the United Nations Development Programme (UNDP), the World Health Organization (WHO), other donors and government counterparts to gain consensus on priority areas to be addressed in the United Nations Development Assistance Framework (UNDAF). UNICEF participated in the preparation of the CCA/UNDAF. The UNICEF programme strategies were derived from the UNDAF priority areas, and prepared on the basis of the comparative advantages and past experience of UNICEF in consultation with national counterparts and other partners. The Joint Strategy Meeting, held in March 2004 with the Government and other United Nations agencies, endorsed the UNDAF and the proposed UNICEF country programme.

Goals, key results and strategies

25. Within the national context of promoting decentralization and pursuing EU integration, the country programme aims to support the realization of children's rights to survival, development, protection and participation, especially among the socially excluded and vulnerable. In order to reduce disparity, the programme will sharpen its focus on social policy development and concentrate on demonstrating successful models and approaches that can be scaled up by the Government and other partners.

26. The country programme will ensure that during the process of decentralization and EU integration, the development and implementation of social policies are oriented to the socially excluded and the vulnerable. The availability and quality of data will be increased to better inform programming. Social awareness of child rights will be enhanced through extended advocacy. Legislative and judicial systems will be strengthened to ensure a protective environment for children.

27. Services to protect children from abuse, discrimination and exploitation will be accessible to children and families. Likewise, the development of "youth-friendly" service models will ensure that young people have access to information and health and social services to prevent HIV/AIDS, including especially vulnerable young people. The primary-school drop-out rate of girls in rural areas and among Roma will decrease to the national average of 2 per cent, and the *Lifestart* initiative will be expanded. Children and women, especially the socially excluded and the vulnerable, will have improved access to quality health services, such as immunization, antenatal care, emergency obstetric care and prevention of mother-to-child transmission of HIV.

28. The programme of cooperation will be implemented by building the capacities of decision makers, service providers, community leaders and families so they are better equipped in ensuring child survival, development, protection and participation. Advocacy for the rights of children and women will raise awareness and bring about legislation and policy reform. Participation of children and young people will form the basis for an expanded partnership.

Relationship to national priorities and the UNDAF

29. Accession to the EU is an overarching national priority for The former Yugoslav Republic of Macedonia. The Stabilization and Association Agreement signed with the EU in 2001 is shaping the course of national development by ensuring the adoption and respect of democracy and human rights, minority rights, international law principles and the rule of law. Similarly, the Ohrid Agreement provides a national framework for peace, security and sustainable development, especially in ensuring the rights of minorities and promoting decentralization of government functions.

30. The above framework guided the preparation of the UNDAF. The UNICEF programme was derived from the UNDAF and aims to contribute directly to the national priorities of stability and sustainable development. Of the four UNDAF outcome areas, namely governance, poverty reduction, basic services and natural resources protection and management, UNICEF will contribute to the first three, and will focus especially on ensuring equity and access to quality basic services (health, education, social welfare, HIV/AIDS prevention), especially for socially excluded groups.

Relationship to international priorities

31. The country programme will contribute to the realization of the commitments set out in the Millennium Development Goals to achieve universal primary education, promote gender equality and empower women, reduce child mortality, improve maternal health, and combat HIV/AIDS. Under the UNDAF, the preparation of the country programme was guided by the UNICEF medium-term

strategic plan and the outcome document of the Special Session on Children, *A World Fit for Children*.

Programme components

Social policy, monitoring and evaluation

32. Within the country, there is a significant lack of quality disaggregated data and low analytical capacity to inform policy-making and planning for children and women. There are also insufficient monitoring and evaluation mechanisms to measure progress nationally. The awareness of and commitment by the Government and civil society to the rights of the child need to be strengthened.

33. Decentralization and the pursuit of EU integration present both a challenge and an opportunity to develop and implement social policies to reduce disparities. The programme will sharpen its support to influence policy dialogue and development so that social policies are more oriented towards the socially excluded and the vulnerable. Support will be provided to cross-sectoral collaboration, and to the development of a national plan of action for children, national immunization and education plans, safe motherhood policies and health sector reform. Standards and norms for such key areas as safe motherhood, early child development, and "child-friendly" school standards will be adopted and implemented to enhance professional competence and conduct.

34. Basic surveys and research will be conducted to fill data gaps and to further understanding of selected issues, such as vitamin A and iron deficiencies, child abuse and violence. The knowledge gained through surveys and research will inform policy and programme development.

35. The programme will support government counterparts in their efforts to collect and analyse data, and to monitor progress against the Millennium Development Goals. *DevInfo* will be introduced to assist in the process of monitoring. A multiple indicator cluster survey will be conducted in 2005 for the first five-year review of progress towards the goals of *A World Fit for Children*. The results of this survey will be used to report on child-related Millennial goals. Selected thematic evaluations will be conducted to document lessons learned and best practices.

36. Evidence-based advocacy will be framed within the context of a strengthened commitment to the Convention on the Rights of the Child, the Millennium Development Goals and the goals of *A World Fit for Children*. Quality data analysis and increased knowledge of children's issues will provide a solid basis for advocacy and effective communication. Partnerships with mass media will be strengthened to enhance awareness of child rights among the general public. Children and young people will participate in national media to become credible conveyers of information and influential shapers of opinion on issues affecting their lives.

37. Public commitment to the realization of child rights and the participation of children in decision-making processes will be enhanced through partnerships with local communities, mayors and civil society. The private sector will be engaged to support initiatives for the well-being of children. National celebrities will also be mobilized to champion child rights.

38. The cross-sectoral nature of this programme requires close collaboration with all related government ministries, the State Statistical Office, the donor community, local municipalities, the media and the general public. Regular resources will be used for capacity-building in data collection, analysis and use; policy dialogue and development; and advocacy and communication. Other resources will allow expansion of the scale of the programme and be used for surveys, research and thematic evaluations.

HIV/AIDS prevention and young people's health

39. Nearly one third of the population is under the age of 18 years, but young people, especially those from socially excluded groups, do not have adequate access to information, skills and supportive services to protect themselves from HIV infection. Existing health and social services do not respond to the concerns and lifestyle of young people or encourage their participation, thus increasing their vulnerability. There is a lack of reliable information on the attitudes and behaviours of young people identified as being at risk of HIV infection, including injecting drug users, commercial sex workers and trafficking victims.

40. The programme will contribute to enhancing life skills, and improve access to information and services for young people to protect themselves from HIV through, for example, SOS help lines and peer education and communication, especially targeting the most vulnerable. Youth communication initiatives will be developed with young people to enable them disseminate information on healthy lifestyles and HIV prevention to their peers.

41. "Youth-friendly" concepts will be introduced into existing social and health services. Social and health professionals will be able to offer standardized voluntary counselling and testing, and promote healthy lifestyles. Social awareness will be raised on issues related to parent-to-child transmission of HIV and UNICEF will advocate for integration of relevant interventions into maternal and child health services. Data collection and research on young people identified as vulnerable to HIV infection will enhance understanding and knowledge about young people's health, and will be used to inform policy, programmes and advocacy.

42. UNICEF will work closely with government ministries, the Agency of Youth and Sport, the National Multi-sectoral Commission for HIV/AIDS, the National HIV/AIDS Coordinator and the Open Society Institute. UNICEF will also work with co-sponsors of the Joint United Nations Programme on HIV/AIDS, and with bilateral and multilateral donors including the Governments of Canada, Ireland and Sweden. In 2003, the National Multi-sectoral Commission for HIV/AIDS submitted a successful application to the Global Fund to Fight AIDS, Tuberculosis and Malaria. UNICEF will continue its collaboration with the Government and other partners within the framework of the National Strategic Plan for HIV/AIDS, and support the Government in its follow-up.

43. Regular resources will be used to support "youth-friendly" health and social services, advocacy and training of health and social professionals. Other resources will be used to support youth communication activities, research and surveys.

Child protection

44. The country lacks a comprehensive strategy and legal framework to coordinate child protection policy and services. Likewise, the absence of data on protection issues hinders effective planning and programming. Although some services exist to deal with cases of domestic child abuse, trafficking and de-institutionalization, efforts are often ad hoc and at the grass-roots level and not linked effectively to social policy reform at the national level.

45. The aim of the programme is to strengthen the protective environment for children. The programme will support the review of national laws to ensure that these are in compliance with the Convention on the Rights of the Child and EU standards, and their strengthened enforcement. In coordination with the social policy programme, the programme will support the collection and analysis of data to enhance understanding of child protection issues in the areas of juvenile justice, trafficking of children and women, institutionalization, domestic and other forms of violence, children on the street and the social exclusion of Roma children.

46. Protective services will be strengthened for the recovery and reintegration of children who have been victims of exploitation, abuse and discrimination. These will include family- and community-based care to support de-institutionalization; expanded foster family networks; the establishment of referral mechanisms between police, centres for social work and NGOs for children and women who are victims of domestic violence; and programmes for physical and psychological recovery and reintegration.

47. The programme will strengthen government capacities to provide public services to protect vulnerable children and children with special needs.

48. Government ministries, the office of the Ombudsperson for Children, the National Child Rights Commission, the National Multi-sectoral Commission to Combat Human Trafficking, other United Nations agencies and specialized NGOs will be key national partners. UNICEF will also work very closely with the United Kingdom Committee for UNICEF and with bilateral donors including the Governments of Italy and Norway.

49. UNICEF will use regular resources to strengthen reform of the juvenile justice system, support training and strengthen protective services. Other resources will be used to support deinstitutionalization of children, attack trafficking and address such other sensitive issues as violence and abuse.

Early childhood development and education

50. The programme will address the fact that there is no comprehensive policy or practice on community-based early childhood care as an alternative to formal pre-school education. Children and young people from socially excluded groups, primarily Roma and girls, do not have equal access to quality basic education. Existing curricula and teaching practices do not provide the information and skills necessary to help young people make healthy choices to protect themselves from violence, substance abuse and HIV/AIDS, or promote peace and tolerance.

51. As a result of the programme, parents and families will be able to ensure their children's development during the early years through community-based early childhood programmes in poor communities, especially Roma and rural

communities. Immunization outreach services will be carried out to attain universal coverage. Women, especially the socially excluded and the vulnerable, will have improved access to antenatal and obstetric emergency care. Primary- and secondary-school enrolment rates will be increased and drop-out rates decreased among socially excluded groups, primarily Roma and girls, through outreach activities.

52. The programme will ensure better-quality and more relevant primary and secondary education in a protective, supportive and encouraging environment. Parents, communities and schools will undertake joint outreach activities to ensure that all primary-school-aged children, especially Roma and rural ethnic children, go to school and stay and learn.

53. Children and young people will have access to a life-skills curriculum which will provide them with the knowledge and skills to make healthy life choices, protect themselves from violence, substance abuse and HIV/AIDS, prepare them for disaster management, and promote peace and tolerance. Teachers and school managers will have better knowledge and skills to improve school environments and in using new teaching methods and the life-skills curriculum.

54. The programme's advocacy efforts within the United Nations Girls' Education Initiative will ensure that quality and relevant basic education for all is high on the national political and development agenda. Measures will be undertaken to facilitate elimination of gender disparity in secondary education.

55. The programme will work closely with the Ministry of Education and Science and the Ministry of Health, local authorities and communities, the Open Society Institute, and other donors including the Governments of Canada, Ireland, Norway, and Sweden, the Council of Europe Development Bank and the French Committee for UNICEF. Regular resources will be used to advocate for and support early childhood interventions and basic education for girls and Roma children. Other resources will be used to expand both community-based early childhood interventions and the use of the life-skills curriculum.

56. **Cross-sectoral costs** will cover the basic operational costs of the country office, including utilities, transportation, telecommunication, etc., some security costs and the salaries of some support staff who perform cross-cutting functions.

Major partnerships

57. Under the overall coordination of the Ministry of Foreign Affairs, programme implementation will be undertaken by government ministries and institutions, including the Ministries of Health, Education and Science, Labour and Social Policy, Interior and Justice. Regular interaction through the UNDAF will continue to strengthen inter-agency collaboration around the Millennium Development Goals, disaster management and preparedness, and combating HIV/AIDS. Inter-agency collaboration has also led to the introduction of changes aimed at streamlining administration, enhancing security and improving the efficiency of the United Nations system. UNICEF will continue to collaborate with other United Nations agencies, including UNDP and WHO.

58. Coordination with the World Bank will centre on the planning and implementation of the Education Access Improvement Project, the Roma Education Fund and the Health and Social Protection Administration Project. Partnerships will be maintained with other organizations involved in social development, including

the Council of Europe Development Bank, the Open Society Institute and the Red Cross. Increasing partnerships with municipalities, NGOs, civil society organizations and the private sector are anticipated.

Monitoring, evaluation and programme management

59. Programme monitoring, research and evaluation activities will be coordinated through the integrated monitoring and evaluation plan. Key indicators to be used for monitoring and evaluation purposes will include the policies and standards adopted (including a national immunization plan), the number of surveys completed, the percentage of youth having access to information and "youth-friendly" services for HIV/AIDS prevention, the number of de-institutionalized children living with families, the percentage of children and families participating in early childhood interventions, and the drop-out rates of rural girls and Roma from primary and secondary schools. Annual programme reviews will be conducted jointly with national counterparts under the Ministry of Foreign Affairs. A comprehensive mid-term review of the country programme will be undertaken with the national authorities, the United Nations country team, NGOs and other partners in 2007.

60. Monitoring of progress towards specific Millennium Development Goals will be undertaken by individual United Nations agencies and the World Bank. The main indicators to be tracked are specified in the UNDAF results matrix. UNICEF will support the evaluation of the UNDAF to be held in 2008, in collaboration with other United Nations agencies and national counterparts.